FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1360	103
OMB AP	
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respo	nse 16.00
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Prefix	Serial
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DATE RE	CEIVED

· · · · · · · · · · · · · · · · · · ·	n amendment and name has changed, and indicate change.)		
Uwharrie Loan Pool I 2003 Class B Un Filing Under (check box(es) that apply):		ction 4(6) ULOE	
Type of Filing: ☐ New Filing 🗵	Amendment		
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the			
Name of Issuer (check if this is an am Uwharrie Loan Pool I, LLC	nendment and name has changed, and indicate change.)		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
Address of Principal Business Operations (If different from Executive Offices)	(Number and Street, City, State, Zip Code)	SEC	
Brief Description of Business		Mail Processing Spection	
Type of Business Organization Corporation	limited partnership, already formed	JAN 9 1 2008 ☐ other (please specify):	
☐ business trust	limited partnership, to be formed	Washington, DC	
Actual or Estimated Date of Incorporation of	or Organization: Month Year		CESSE
Jurisdiction of Incorporation or Organization	n: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	"	0 4 2008
			MSON
GENERAL INSTRUCTIONS		- FINA	ANCIAL

Federal:

Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA									
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 									
Each executive officer and officer an			general and managing par	tners of partners	hip issu	iers; and			
• Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street	, City, State, Zip Code)		•	-				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner			
Full Name (Last name first, if inc	fividual)								
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner			
Full Name (Last name first, if inc	lividual)								
Business or Residence Address (Number and Street	, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director		General and/or Managing Partner			
Full Name (Last name first, if inc	lividual)								
Business or Residence Address (Number and Street	, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director		General and/or Managing Partner			
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director		General and/or Managing Partner			
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner			
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В. 1	INFORMAT	ION ABOU	T OFFERIN	G				
B. INFORMATION ABOUT OFFERING								Yes	No				
1. Has the issuer sold, or does the issuer intend to sell, to non accredited investors in this offering?													
Answer also in Appendix, Column 2, if filing under ULOE.							ø						
2. What is the minimum investment that will be accepted from any individual?							\$	NI-					
3.	Does	the offering	permit joint	ownership of	a single unit	?		• • • • • • • • • • • • • • • • • • • •				Yes	No □
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
ruii	Name ((Last name i	īrst, if indivi	duai)									
Rusi	iness or	Residence	Address (Nu	nber and Stre	et City Stat	e. Zin Code)							
Dusi	ilicss Of	Residence	Tuuicss (ITUI	noer and one	ci, city, stat	c, zip codc)							
Nam	ne of As	sociated Br	oker or Deale	er									
State	es in W	hich Person	Listed Has S	olicited or In	tends to Solid	cit Purchasers	- <u>-</u> -		 -				
				vidual States	•	<u></u>	<u></u>	<u></u>				_	All States
	-	☐ [AK]	☐ [AZ]	[AR]	[CA]			[DE]		□ [FL]	[GA]		
						[LA]	[ME]						[MO]
		☐ [NE] ☐ [SC]		☐ [NH] ☐ [TN]	[נא] [XT]	☐ [NM] ☐ [UT]	[YИ] [VT]	□ [NC] □ [VA]	□ [MD] □ [WA]	□ [OH] □ [WV]	□ [0K] □ [WI]	[OR] WY]	
[R			[] [SD] e first, if in					□ (vA)	□ (₩A)	<u> </u>		U W 1)	ואון
ruii	ivanie	(Last nam	e 11151, 11 III	dividuai)									
Bus	iness c	r Residenc	e Address (Number an	d Street, Ci	ty, State, Zi	p Code)						•
						<u> </u>							
Nan	ne of A	Associated	Broker or E	Dealer									
State	es in W	hich Person	Listed Has S	olicited or In	tends to Solid	cit Purchasers	}		-				
(0	Check "	All States"	or check indi	vidual States))							[All States
□ [A	L]	[AK]	□ [AZ]	□ [AR]	CA]	□ [CO]	☐ [CT]	□ [DE]	□ [DC]	□ [FL]	□ [GA]	☐ (HI)	□ (ID)
			□ [IA]	[KS]		[LA]	☐ [ME]	☐ [MD]	☐ [MA]	□ [MI]			[MO]
□ [N		[NE]			[נאן						[OK]		
				☐ [TN]	[XT]	□ [UT]	□ [177]	□ [VA]	□ (WA)	□ [WV]	□ [WI]	□ WY]	∐ [PR]
Luii	Name (Last name i	irst, if indivi	duai)									
Busi	ness or	Residence A	Address (Nur	nber and Stre	et, City, State	e, Zip Code)							
Nam	e of As	sociated Br	oker or Deale	r				-					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
□ [A		[AK]	[AZ]	[AR]	☐ [CA]	[CO]	[] [CT]	□ [DE]	□ [DC]	☐ [FL]	☐ [GA]	□ [ні]	
[]	L)	□ [IN]	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	☐ [ME]		☐ [MA]	☐ [MI]	[MN]		[MO]
		☐ [NE]			[נא]		□ (NY)	[NC]	□ [ND]	□ (он)	[OK]	OR]	
□ [R	[1]	[SC]	□ (SD)	□ [TN]	□ (TX)	(UT)	□ [VT]	□ [VA]		□ [WV]	□ (WI)	\square WY]	∐ [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security..... Offering Price Sold Equity\$ ☐ Common ☐ Preferred Convertible Securities (including warrants).....\$ Partnership Interests\$ Other (Specify LLC Membership Interests)...........\$ 50,000,000 \$ 8,256,850 Total \$ 50,000,000 \$ 8,256,850 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of person who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero" Aggregate Number Dollar Amount Investors of Purchases Accredited Investors _____ \$ 8,256,850 Non-accredited Investors Total (for filings under Ruler 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 Regulation A _______ Rule 504 _______\$ 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. ______ \$ Other Expenses (identify)

C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES AND U	SE OF P	ROCEEDS		
b. Enter the difference between the aggregate offering p tion 1 and total expenses furnished in response to Part "adjusted gross proceeds to the issuer."	orice given in response to Part C – Ques- C - Question 4.a. This difference is the			\$	8,230,850
i. Indicate below the amount of the adjusted gross procee used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in respo	r any purpose is not known, furnish an e total of the payments listed must equal				
ino		D	ayments to Officers, irectors, & Affiliates		Payments To Others
Salaries and fees	,	□\$_	[□\$	
Purchase of real estate		□\$	[\$	
Purchase, rental or leasing and installation of machine	ery and equipment	□\$	0	□\$	
Construction or leasing of plant buildings and facilities	es	□\$_		□\$	
Acquisition of other business (including the value of	securities involved in this				
offering that may be used in exchange for the assets o issuer pursuant to a merger).	or securities of another	□\$_	[□\$	
Repayment of indebtedness	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□\$_	[□ \$	
Working capital	(**************************************	□\$	0	□\$	
Other (specify): Purchase of portfolio loans		□\$		⊠ \$	3,282,377
Unit redemptions		.□\$	C	⊠\$	4.948.473
Column Totals		_			
Total Payments Listed (column totals added)			⊠ \$ 8,23		
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the is quest of its staff, the information furnished by the issuer t	ssuer to furnish to the U.S. Securities and	d Exchang	e Commissio	n, upo	tule 505, the n written re-
Issuer (Print or Type) Uwharrie Loan Pool I, LLC	Musk/Tm		Date January	<u> 22</u> 20	008
Christie D. Stoner Pr	nte of Signer (Print or Type) resident of its Manager, trategic Investment Advisors, Inc.				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)